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Tara

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May 16, 2005

To: Examiner Junghwa M. Im Fax No.: (703) 872-9306
From: Kevin C. Brown Fax No.: (315) 233-8320
Re: U.S. Patent Application Serial No. 10/017,325
Title: SEMICONDUCTOR ELEMENT
Conf. No.: 8198
Our Ref.: 782_206


You should receive 5 page(s) including this cover sheet. If you do not receive all pages,
please call Tara at (315) 233-8300.

COMMENTS:

I hereby certify that the following paper(s) is/are being transmitted by facsimile to the
Patent and Trademark Office on May 16, 2005:

Pages

- a Transmittal	1
- a Request for Reconsideration	3
Total:	5 (including cover)


Tara L. Preston

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TRANSMITTAL (Provisions of 37 CFR 1.136 Apply)			
Application Number	10/017,325	Filing Date	December 14, 2001
Group Art Unit	2811	Examiner Name	Junghwa M. Im
Confirmation No.	8198	Attorney Docket No.	782_206
Inventor(s)	Tomohiko SHIBATA, Keiichiro ASAI, Yukinori NAKAMURA and Mitsuhiro TANAKA		
Invention:	SEMICONDUCTOR ELEMENT		

Transmitted herewith is a Request for Reconsideration in the above-identified application. The fee has been calculated as follows:

CLAIMS						
(1)	(2) Claims	(3)	(4) Highest Number Previously Paid	(5) No. of Extra Claims Present	(6) Rate (Large Entity)	(7) Additional Fee
TOTAL CLAIMS	13	MINUS	20	0	\$50.00	\$00.00
INDEP. CLAIMS	1	MINUS	3	0	\$200.00	\$00.00
TOTAL ADDITIONAL FEE						\$00.00

EXTENSION OF TERM

☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

☐ This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and appropriate non-small entity fee are as follows:

- ☐ One Month (37 CFR 1.17(a)(1)) \$120.00
- ☐ Two Month (37 CFR 1.17(a)(2)) \$450.00
- ☐ Three Month (37 CFR 1.17(a)(3)) \$1,020.00


TOTAL FEES DUE

\$ 0.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount is reduced by one-half, and the resulting fee is:

FEE PAYMENT

- ☒ No additional fee is required.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge Deposit Account 50-1446 in the amount of \$. Enclosed is a duplicate copy of this sheet.
- ☒ Please charge any fees which may be required, or credit any overpayment, to Deposit Account 50-1446.

Submitted By:					
Name (Print Type)	Kevin C. Brown	Reg. No.	32,402	Customer No.	025191
		Telephone	(315) 233-8300	Facsimile	(315) 233-8320
Signature				Date	May 16, 2005

CERTIFICATION OF FACSIMILE TRANSMISSION

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(1)	(2) Claims	(3)	(4) Highest Number Previously Paid	(5) No. of Extra Claims Present	(6) Rate (Large Entity)	(7) Additional Fee
TOTAL CLAIMS	13	MINUS	20	0	\$50.00	\$00.00
INDEP. CLAIMS	1	MINUS	3	0	\$200.00	\$00.00
TOTAL ADDITIONAL FEE						\$00.00

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Name (Print Type)	Kevin C. Brown	Telephone	(315) 233-8300	Facsimile	(315) 233-8320
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